# Guideline:

1. **Please fill in ALL grey fields required on the computer.**
2. **Print and sign the document (stamp, only if possible)**
3. **Scan and return as a PDF file**

# Section 5: Commitment and authorization

## 5.1 Commitment

I, the undersigned, (*position in the company, e.g. General Manager, Authorized Person, Responsible Pharmacist*), acting as responsible for the company

*(name of the company)*, certify that the information provided (above) is correct and true,

and I certify that the product offered is identical in all aspects of manufacturing and quality to that marketed in (*country of origin*), including formulation, method and site of manufacture, sources of active and excipient starting materials, quality control of the product and starting material, packaging, shelf-life and product information,

and I certify that the product offered is identical to that marketed in

*(name of country)*,

with the exception regarding (e.g. formulation, method and site of manufacture,

sources of active and excipient starting materials, quality control of the finished product and

starting material, packaging, shelf-life, indications, product information)

:

If any changes occur to the information after the submission of this product questionnaire, the manufacturer/supplier undertakes to provide the relevant update as soon as possible.

Date: Signature:

## 5.2 Power of attorney

The manufacturer authorizes a distributor to submit the questionnaire

Date: Signature:

Distributor (*signed by distributor for manufacturer under power of attorney)*

Please provide a copy of the power of attorney in **Annex AE**.

## 5.3 Authorization for sharing information with other agencies

I, the undersigned confirm that the BOX company has no objection sharing confidential information in this questionnaire, any of its annexes and /or the results of its review being shared with the agencies listed in clause 1.5 except:

I, the undersigned, certify that the information provided above is accurate, correct, complete, up-to-date and true at the time of submission.

Full name:

Full title/position in company:

Company name:

Signature Date

Company seal/stamp: